



# Camp Lu Lay Lea

## 2022 Staff Application

Submit your completed application to [LuLayLeaDirector@gmail.com](mailto:LuLayLeaDirector@gmail.com). Applications will be accepted until positions are filled. Complete this application with clear and legible handwriting. Applications must be scanned and sent as a .pdf document. Any questions with application, please contact [LuLayLeaDirector@gmail.com](mailto:LuLayLeaDirector@gmail.com).

### General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Unit/Building#/Apt#: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Age at beginning of 2022 camp season: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

School/University: \_\_\_\_\_

Year: \_\_\_\_\_ Major: \_\_\_\_\_

Please attach three reference letters from individuals outside of Camp Lu Lay Lea, family, or friends. These reference letters must be attached to your application when you submit your application. References will be contacted. If able, please include a reference from the Lutheran Church- Missouri Synod (LCMS).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Positions Applying for:

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

- Kitchen Kat (15 years old)
- Counselor in Training (minimum age 17 years old)
- Program Staff (Store, Asst. Store, Archery, Confidence Course, Arts & Crafts) (minimum age 16 years old)
- Directors (Asst. Director (minimum age 21), Program Director (minimum age 21), Asst. Program Director (minimum age 21), Waterfront (minimum age 19), Asst. Waterfront (minimum age 17), Health (minimum age 21), Asst. Health (minimum age 19), Cook (minimum age 20), Asst. Cook (minimum age 17), Maintenance (minimum age 18), Asst. Maintenance (minimum age 16), Media (minimum age 17), Asst. Media (minimum age 16), Chapel (minimum age 17), Asst. Chapel (minimum age 16)
- Counselor (18 and older)

Previously held positions: \_\_\_\_\_

Years of Camp Staff Experience: \_\_\_\_\_ Years of Camper Experience: \_\_\_\_\_

Applicants who are available for the entire summer season will be prioritized.

Weeks available: All: \_\_\_\_\_ or check the following weeks below:

Staff Training (June 12-18): \_\_\_\_\_

Week 2 (June 26 - July 2): \_\_\_\_\_

Week 4 (July 10- 16): \_\_\_\_\_

Week 6 (July 24 - 30): \_\_\_\_\_

Week 1 (June 19-25): \_\_\_\_\_

Week 3 (July 3-9): \_\_\_\_\_

Week 5 (July 17-23): \_\_\_\_\_

Week 7 (Jul 31- Aug 6): \_\_\_\_\_

I understand the camp closing is August 6 – 7, and if I am working week 7, I will stay to help close camp. \_\_\_\_\_  
(initial)

Staff T-shirt Size: \_\_\_\_\_

What are your hobbies, interests, or activities?

\_\_\_\_\_

Describe yourself in one or two words?

\_\_\_\_\_

What is your main strength?

\_\_\_\_\_

What is your main weakness?

\_\_\_\_\_



Why do you want to work at Camp Lu Lay Lea?

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What do you believe your main contribution to Camp Lu Lay Lea would be to ensure an awesome experience for the campers? Why should we hire you?

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## Work History & Background

Please list in chronological order starting with most recent employment

Company or Organization	Start Date	End Date	Position	Contact Name	Contact Phone Number	Reason for Leaving

Please identify any training you have, or received, and which organization it came from.

Training: \_\_\_\_\_ Organization: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Training: \_\_\_\_\_ Organization: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ If yes, then please explain including date of occurrence:

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If over the age of 18, do you consent to Camp Lu Lay Lea conducting a background check? \_\_\_\_\_

If hired, we will be requiring a signed staff contract, faith statement, and proof of vaccination. Do you agree? \_\_\_\_\_



## Health Information

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Health History. Please check any boxes that apply.

Ear Infections: \_\_\_\_\_ Mumps: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_

Convulsions: \_\_\_\_\_ Asthma: \_\_\_\_\_ German Measles: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Behavior Issues: \_\_\_\_\_ Measles: \_\_\_\_\_ Allergies: \_\_\_\_\_

If yes, what allergies do you have? \_\_\_\_\_

Will you be bringing any medications to camp? \_\_\_\_\_

\*\*They must be in the original prescription bottle with directions attached and given to the Health Director upon arrival.

Are your immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Camp Lu Lay Lea is complying with the guidelines and recommendations of the Center for Disease Control, State of Michigan Department of Licensing and Regulatory Affairs, and The District Health Department #2, for and during the 2022 Summer Camp Season. At this time, in compliance with, and pursuant to, the guidelines issued by the CDC and/or by the State of Michigan Department of Regulatory Affairs, and/or by the District Health Department #2 (located in West Branch, MI); Camp Lu Lay Lea is recommending that Camp Lu Lay Lea staff be fully vaccinated against COVID-19 before entering the Camp Lu Lay Lea Campus. If you are vaccinated, proof of vaccination may be submitted with your completed application.

### Emergency Contact

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Relationship to staff member: \_\_\_\_\_

Are you the parent or guardian (if under 18): \_\_\_\_\_



By signing below, I agree for the Camp Lu Lay Lea representative to verify all information provided and that to the best of my knowledge it is correct. I understand that any falsification or omission could result in denial or termination of employment.

Signed: \_\_\_\_\_ Date / /

Parent authorization if under 18 years old

Parent or guardian name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

As to my knowledge all information is correct. My child has my permission to participate in all camp activities unless otherwise noted by me. In case of emergency the camp director has my permission to obtain necessary medical treatment for my child including injection, anesthesia, or surgery.

Signed: \_\_\_\_\_ Date / /

